

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

10/108829

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	NO	DEP	NO	DEP	NO	DEP
1	1		1		1	
2		1				
3		2				
4		2			1	
5		2		2		
6		2		2		
7		2		2		
8		2		2	1	
9		2		2		
10		2		2		
11		2		2		
12		2		2	1	
13		2		2		
14		2		2		
15		2		2		
16	1					
17		1				
18		2				
19		2				
20		2				
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26		2				
27		2				
28			1			
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TOTAL NO.	19		16		8	
TOTAL DEP.	48		20		16	
TOTAL CLAIMS	50		21		24	

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